

et cela gratuitement en leur fournissant le mode d'emploi, avec la seule réserve de vouloir bien noter leurs observations. . . . Ma composition, mes chers collègues, n'est point miraculeuse, ni mystérieuse, pas plus qu'une panacée. Elle a peut-être encore besoin d'être perfectionnée. Je ne pourrai même pas promettre son efficacité dans tous les cas: elle ne pourrait régénérer une tuberculose à la troisième période, car rien ne pourra modifier les alvéoles pulmonaires détruites."

Bernheim then continues:

"Ces paroles donnent une haute idée de la probité scientifique du Docteur Szendeffy. Ni formule secrète, ni panacée! Récemment, on lançait à grand fracas un produit contre l'avarie: c'était la panacée qui allait détrôner le mercure. L'expérience est faite: ce produit prôné à grand renfort de réclame est horriblement douloureux et ne guérit pas mieux que la médication habituelle. Il y a quelques années, un grand savant, Behring, avait trouvé sa fameuse tulase qui devait vaincre la tuberculose: c'était un remède miraculeux . . . sur le papier. Mais formule secrète; mais panacée . . . elle fut peu distribuée aux expérimentateurs et certains savants français virent leurs demandes de tulase refusées. La tulase—a vécu."

Certainly a most convincing way of recommending the new drug to the medical profession, in spite of the uncalled for and especially, in regard to the remarks about Salvarsan, most unprofessional slamming of other authorities.

I used the Dioradine in thirty cases, not choosing any advanced cases, but only those in the first and second stages of tuberculosis, so as to give the drug an absolutely fair trial. In all these cases, without exception, the results have been entirely negative. The drug has not done anything which it was supposed to do. It has not increased the appetite, it has not increased the weight, it has not decreased the cough, or sputum, or fever. In the majority of cases, the patients have shown more cough and sputum, and the rest showed no change whatsoever.

I can only wonder at the fact that the results of Bernheim and his colleagues should be so excellent and mine so entirely discouraging. As for comparing the effect of Dioradine in tuberculosis with the effect of Salvarsan in lues, or rather claiming that Dioradine will be a greater blessing to humanity than Salvarsan has proved to be so far, I can only wonder what induced Bernheim to make such a remarkable statement, a statement which must reflect badly on his judgment and sense of fairness.

I feel justified in warning the profession against the use of this new so-called remedy. It is evidently one of the many new drugs which are put on the market in a clever fashion, and which are advertised in a most convincing manner, but which are absolutely negative in their results. This way of advertising a useless drug, and of trying to fool the profession, cannot be too strongly condemned.

MAX ROTHSCHILD.

MEDICAL EDUCATION.

We are in receipt of a communication from Dr. Flavell B. Giffany, President of University Medical College, Kansas City, announcing the reorganization of that institution

AN INNOVATION.

on a novel basis. The college is to cease giving instruction in the subjects of the first and second year and confine its activities to the professional studies of the third and fourth years. It is further proposed to extend the time a year so that the diploma would represent a five years' course. This innovation is indorsed by the American Association of Medical Colleges and by a committee of the American Medical Association. With proper restrictions there is much to be said in favor of colleges of this order. To the young man entering on the study of medicine the university atmosphere and facilities are most desirable, but the location of many such institutions is often far from the madding crowd where clinics are not and hospitals of the cottage variety. There is no reason why the student should not at the end of two years of quiet and steady absorption in the basic studies pass on to a finishing college in a large city replete with the clinical facilities there possible. We already have in San Francisco a similar working arrangement in the division of the Stanford and University of California courses. With proper provision that the entrants to the higher school had satisfactorily complied with the state and national requirements governing the earlier course of study there is no reason why we should not welcome the appearance of properly equipped institutions of this type. Most commendable is the extension of study to five years. Our present four years' course is indefensible in theory and a failure in practice and the sooner we get in line with the rest of the world the better will it be for our profession and the public.

We are in receipt of a circular from the Council of Chemistry and Pharmacy of the American Medical Association, addressed

A SIMPLIFIED MATERIA MEDICA.

to the teacher in the medical schools and the members of the State Examining boards. Quoting Dr. Arthur Dean Bevan, it says: "With the overcrowded condition of the medical curriculum it is highly important that the small amount of time which the student has to devote to the study of drug preparations should be largely spent in obtaining a *thorough* knowledge of the more important drugs rather than in the obtaining of a superficial knowledge of all drugs, the majority of which are of little or no value." To this end the Council of Chemistry and Pharmacy have drawn up a list of drugs and their preparations compiled from the following sources:

1. A joint committee of the American Medical Association and that of the United States Pharmacopoeia.
2. The national confederation of State Examining and Licensing boards.
3. The list of articles of materia medica used by